

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

District of New Mexico

REBECCA GUTIERREZ, as Personal
Representative to the Estate of
JACOB GUTIERREZ

Plaintiff(s)

v.

OTERO COUNTY BOARD OF COUNTY
COMMISSIONERS et al.,

Defendant(s)

Civil Action No. 2:24-CV-00555-GJF-KRS

**SUMMONS IN A CIVIL ACTION
ON AMENDED COMPLAINT**

To: *(Defendant's name and address)* VITAL CORE HEALTH STRATEGIES, LLC.
Registered Agent: Corporation Service Company
110 E. Broadway St.
Hobbs, NM 88240

A lawsuit has been filed against you.

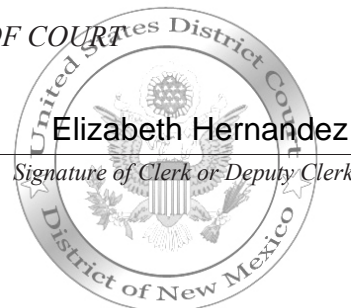
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached amended complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mallory Gagan
New Mexico Priso & Jail Project
3800 Osuna Road NE, Suite 2
Albuquerque, NM 87109

If you fail to respond, judgment by default will be entered against you for the relief demanded in the amended complaint. You also must file your answer or motion with the court.

Date: Thursday, June 13, 2024

CLERK OF COURT



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Civil Action No. 2:24-CV-00555-GJF-KRS

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Vital Core Health Strategies, LLC
 was received by me on *(date)* 6/13/24 .

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* Corporation Service Company, who is
 designated by law to accept service of process on behalf of *(name of organization)* Vital Core Health
Strategies, LLC. on *(date)* 6/18/24 ; or

☐ I returned the summons unexecuted because _____ ; or

☒ Other *(specify)*: The summons for Defendant Vital Core Health Strategies, LLC's Registered Agent:
Corporation Service Company was served on June 18, 2024 via certified mail
as provided by Rule 1-004 NMRA.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 06/27/24

Rachel Nuanes

Server's signature

Rachel Nuanes, Paralegal

Printed name and title

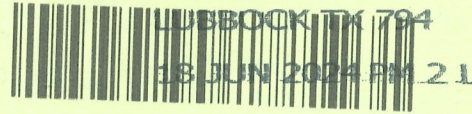
New Mexico Prison & Jail Project
3800 Osuna Rd NE Ste #2,
Albuquerque, NM 87109

Server's address

Additional information regarding attempted service, etc:

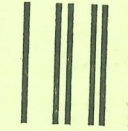
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Ross Bell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: Vital cone Health Strat. LLC Registered agent Corp. Service Company 110 Broadway St. Hoboken, NM 88240</p>	<p>B. Received by (Printed Name) <i>Ross Bell</i> C. Date of Delivery <i>6/18/24</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>9590 9402 8688 3310 0317 77</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 1589 0710 5270 0749 3946 58</p>	<p>Domestic Return Receipt</p>

USPS TRACKING#



LUBBOCK TX 794

18 JUN 2024 PM 2 L



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 8688 3310 0317 77

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

NMPTP
3800 Osuna Rd NE, Ste #2
Albuquerque, NM 87109

